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** CONTINUING DATA *****

This application is a CIP of 09/265,240 03/09/1999 ABN

** FOREIGN APPLICATIONS *****

SOUTH AFRICA 98/2005 03/10/1998
 SOUTH AFRICA 98/11943 12/30/1998

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		SOUTH AFRICA	12	11	2

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TITLE

Managing the business of a medical scheme

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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